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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Sri Lanka

Proposed UNFPA assistance:	$7.6 million, $5 million from regular resources and $2.6 million from multi-bilateral and/or regular resources
Programme period:	4 years (1997-2000)
Cycle of assistance:	Fifth
Category per decision 96/15:	C

Proposed assistance by core programme areas:

	Regular resources	Other	*Total*
Reproductive health	4.4	2.1	6.5
Population & development strategies	.3	-	.3
Advocacy	.3	.5	.8
Total	5.0	2.6	7.6

SRI LANKA

Demographic Facts

Population (000) in 1995	18,354	Annual population growth rate (%)	1.22
Population in year 2000 (000)	19,504	Urban	2.8
Sex Ratio (/100 females)	99.3	Rural	0.7
Per cent urban	22.4	Crude birth rate (/1000)	19.0
Age distribution (%)		Crude death rate (/1000	5.8
Ages 0-14	30.6	Net migration rate (/1000)	-1.1
Youth (15-24)	18.6	Total fertility rate (woman)	2.29
Ages 60+	8.6	Life expectancy at birth (years)	
Percentage of women aged 15-49	54.0	Males	70.9
Median age (years)	25.4	Females	75.4
Population density (/sq.km.)	280	Both sexes	73.1
		GNP per capita (U.S. dollars, 1994)	600

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: the 1994 Revision. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.

INDICATORS RELATED TO ICPD GOALS*

		(Thresholds)*
Births attended by health professional (%)[1]	94.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	62.0	≥55
Access to basic health services(%)[3]	93.0	≥60
Infant mortality rate (/1,000)[4]	18.0	≤50
Maternal mortality rate (/100,000)[5]	40.0	≤100
Gross female enrolment rate at primary level (/100)[6]	100.0	≥75
Adult female literacy rate (%)[7]	85.8	≥50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY EXECUTIVE BOARD DECISION 96/15.

1 *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
2 *United Nations Population Division, World Contraceptive Use 1994, ST ESA SER.A 143. Data cover the period 1986-1993.*
3 *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
4 *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
5 *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
6 *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
7 *UNESCO, Education for All - Status and Trends, 1994.*

1. The United Nations Population Fund proposes to support a population programme over the period 1997-2000 to assist the Government of Sri Lanka achieve its population and development objectives. UNFPA proposes to fund the programme in the amount of $7.6 million, $5 million of which would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of $2.6 million from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fifth cycle of assistance to Sri Lanka.

2. The proposed assistance is in keeping with the Government's policies and programmes and the recommendations of the programme review and strategy development (PRSD) exercise that took place in Sri Lanka in October 1995. The PRSD was conducted in close cooperation with the Government and included representatives of both the Government and national non-governmental organizations (NGOs). The Government fully subscribes to the PRSD findings and recommendations. The proposed programme is consistent with national policies as reflected in the Women's Charter, Children's Charter, Worker's Charter and draft Youth Charter.

3. Given the relatively long period of UNFPA involvement in Sri Lanka and the notable successes registered by the country's population programmes, the proposed programme would focus specifically on expanding the maternal and child health and family planning (MCH/FP) programmes of the primary health care system into comprehensive reproductive health programmes. In doing so, UNFPA's interventions would concentrate on delivering reproductive health, including family planning and sexual health, programmes, information and services to especially vulnerable groups of the population and to underserved areas. The Fund would also focus on activities designed to reduce the incidence of abortion.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and the objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. Sri Lanka seems to have met the threshold levels for the indicators outlined in Executive Board decision 96/15 for allocating UNFPA resources. For example, female literacy is high (85.8 per cent); maternal mortality is low (40 per 100,000); infant mortality is low (18 per 1,000); and the total fertility rate is low at 2.3 children per woman. With a population of 18.4 million, the country is expected to reach the replacement level of fertility by the year 2000 and to stabilize its population at 24 million by 2050.

6. That Sri Lanka should be poised to reach the replacement level of fertility is a major success that can largely be attributed to a strong primary health care infrastructure, high levels of female education, the integration of mother and child health care into family planning programmes and the fact that, on the whole, those programmes have been driven by individual needs. The role of NGOs, especially the Family Planning Association of Sri Lanka (FPASRL), in pioneering MCH/FP programmes cannot be overemphasized.

7. However, the favourable demographic data reflect only certain aspects of the country's population and reproductive health situation. First of all, the data themselves are somewhat suspect. There has been no census since 1981, and data from the northern and eastern regions of the country, which are inaccessible due to the country's internal conflict, are not included. In addition, there are parts of the country (47 divisions have been so identified) where demographic indicators are below national averages. There are also segments of society, such as free trade zone workers, estate workers, migrant women and their families, displaced persons, child prostitutes and adolescents, that require special attention.

8. Moreover, demographic data are not necessarily accurate reflections of the overall reproductive health of the country's people. Other indicators show that Sri Lanka has problems in this area. For example, the level of maternal anaemia in Sri Lanka is very high -- more than 60 per cent. Although the overall contraceptive prevalence rate is quite high, there is also a high level of dependence on traditional methods (22.4 per cent). There are indications of high levels of abortions, although abortion is not legal except in extreme circumstances to save the life of the mother. The age at marriage is high (25.5 for females, 29 for males), but the Government does not provide services to unmarried women or adolescents through its public MCH/FP programme. Male participation in family planning is quite low: condoms account for 3.7 per cent and vasectomies for 3.3 per cent of currently-used contraceptive methods, respectively. (The fact that with programme interventions vasectomy increased by 34 per cent in the mid-1980s indicates the possibilities in this area.) Nor does the MCH/FP programme include such important reproductive health components as screening and treatment of reproductive tract infections and malignancies.

9. Sri Lanka has been grouped in Category "C" under the Fund's new scheme for resource allocations, i.e., among those countries requiring focused UNFPA assistance in order not to compromise gains that have been made. However, the country's low per capita gross national product of $600 a year and the ongoing armed conflict mean that UNFPA support is still required. The gains made in Sri Lanka are still fragile, and there are still high levels of abortions, large numbers of unmarried adolescents and other vulnerable groups and underserved populations. In order to sustain the gains made, it is essential to continue to provide support in the area of reproductive health, including the provision of some contraceptives. The success of such activities could well serve as a model for other countries in South Asia.

10. In spite of the armed conflict, Sri Lanka's economy is growing -- at an annual rate of 5.6 per cent in 1994. The expansion of the garment industry, especially in free trade zones, has led to the employment of a large number of young women, who are sometimes placed in vulnerable situations. A major social issue is that of educated but unemployed youth. Thirty per cent of youth aged 15-19 years are unemployed, as are 35 per cent of those aged 20-24. High levels of education and unemployment have led to frustration on the part of Sri Lanka's young people, and the suicide rate of about 65 per 100,000 among adolescents is one of the highest in the world.

11. About 18 per cent of the population live in the northern and eastern parts of the country that have been most affected by the armed conflict. In addition to large material losses and the diversion of resources, it is estimated that the conflict has forced almost 400,000 families from their homes, requiring large numbers to live in welfare centres run by the state. The plight of women and children in insecure surroundings needs urgent attention, especially in terms of reproductive health. The insurgency has also forced the indefinite postponement of the decennial census planned for 1991.

Previous UNFPA assistance

12. Cooperation between UNFPA and the Government of Sri Lanka started in 1969, and the first comprehensive country programme began in 1973. In the first years of its assistance, the Fund emphasized awareness creation activities, which it has continued to support. Beginning in 1980, however, emphasis shifted to the delivery of MCH/FP services, including the provision of contraceptives. The focus was on training public health personnel in family planning methods and counselling and in helping equip public health facilities with needed equipment and supplies. Since the beginning of UNFPA assistance, the Government's efforts have succeeded in doubling the contraceptive prevalence rate and cutting the maternal mortality rate by one third.

13. The progress that Sri Lanka has made has led to a decreased level of funding from external donors. It is now necessary to work to ensure that continued progress is sustainable. Among the recommendations of the PRSD mission in this regard was the need to more closely involve NGOs, especially grass-roots NGOs, the private sector, and the country's universities, including sub-contracting appropriate programme activities to them. The country's reliance on external assistance for the provision of a large part of its contraceptive needs is another issue related to sustainability about which the PRSD mission made recommendations, including rationalization of the pricing of contraceptives and promotion of social marketing.

Other external assistance

14. UNFPA is the main external funding agency supporting population programmes, although WHO and UNICEF have collateral activities that complement UNFPA's assistance. UNAIDS proposes to support some information, education and communication (IEC) activities in support of the national AIDS programme in the amount of $100,000. The FPASL receives an annual contribution from the International Planned Parenthood Federation of $700,000. The United States Agency for International Development (USAID) and the European Union have also given some assistance for AIDS education and prevention activities, but most donors, including USAID, have withdrawn from this field. Among multilateral agencies, the World Bank is prepared to fund some activities for HIV/AIDS prevention as well as a small amount for purchasing contraceptives. Lack of census data and information about emerging needs in the health sector has made it difficult for the Government to mobilize external resources to address the reproductive health needs of the country. The Government cannot devote more resources to reproductive health due to the internal armed conflict.

Proposed programme, 1997-2000

15. As highlighted above, Sri Lanka is a country that is close to meeting its long-term goals from a strictly demographic point of view. However, this is very far from assuring a high standard of reproductive health to all the country's citizens, as shown by many of the other health indicators. In fact, few countries in the world better exemplify why this distinction came to be enunciated in the goals of the ICPD Programme of Action. Under the proposed programme, therefore, UNFPA would provide selective assistance in the area of reproductive health, both because that is where Sri Lanka's needs are greatest and also because it is the Fund's strongest point -- it is the one donor agency that has adopted and is carrying out a comprehensive reproductive health approach.

16. Because the country's family planning programme already has a firm foundation, the transition from MCH/FP to a comprehensive reproductive health approach would be an incremental one building on existing delivery systems and staffing patterns. This would include fresh interventions like helping the Government to set up 300 Well Women's clinics in local health units using existing infrastructure. Qualitative improvements are envisaged by equipping front-line health workers to deal with a gamut of reproductive health needs such as the reduction of anaemia and prevention and detection of reproductive tract infections (including sexually transmitted diseases (STDs) and HIV/AIDS) and reproductive organ malignancies. UNFPA's assistance would be provided towards carrying out this programme at the primary health care level, with government and multi-bilateral assistance being sought to extend reproductive health activities to referral levels.

17. Enhancement of the quality of care would also be sought by providing more contraceptive choices. The goal would be to increase the use of temporary methods from 16.5 per cent to 19 per cent. Training of health personnel would be undertaken to improve their sensitivity to client needs and to improve their counseling skills (specifically in post-abortion situations) and to improve their accountability in terms of respect for privacy and confidentiality. Selected equipment and certain supplies would be provided by the Fund in addition to about 50 per cent of the country's demand for contraceptives, which the Government is unable to pay for and for which there are no other donors. For the longer term, UNFPA will assist the Government to develop a plan for sustainable provision and funding of its contraceptive needs.

18. In carrying out these reproductive health activities, the Fund would concentrate its efforts on especially vulnerable parts of the population as well as in geographical areas whose demographic and reproductive health indicators are below national averages. The programmes for youth and adolescents would be designed to help them understand their sexuality and the process of physical and emotional maturation in order to assist them in behaving in a sexually responsible manner and to reduce the incidence of abortions among this age group. Reproductive health concepts would also be introduced into existing programmes of population and sex education in both the formal and informal educational systems.

19. The Government of Sri Lanka has already started to develop a plan of action for reproductive health. There is a need to review the country's population policy to take into account emerging concerns about reproductive health and gender equity and changes that may be needed to strengthen implementation at provincial levels and to strengthen the coordinating mechanisms at the national and sub-national levels in view of the pending governmental devolution. The Fund would help in setting up a task force with representation from the relevant ministries of the Government and also representatives from the provincial level and from NGOs.

20. In the past, there have been only four NGOs working in the area of reproductive health and family planning in Sri Lanka, and few of their activities have extended to rural areas. Under the proposed programme, the Fund plans to enlist other NGOs in other social fields, in grass-roots economic development, for example, in advocacy and IEC efforts in support of reproductive health. Grass-roots NGOs, including women's NGOs, can help to bring about community participation and to inculcate attitudes supportive of sexual responsibility and gender equity. There are certain roles that community-based NGOs can play better than any other institution -- counseling migrant women and their families and child prostitutes and their families, for example. One area of UNFPA's involvement will be in helping to encourage successful NGOs to serve as umbrella organizations for

training and equipping grass-roots organizations. Work also needs to be done to get the private sector more involved in covering the reproductive health needs of their employees.

21. The Population Division of the Ministry of Planning would be the central coordinating agency for the activities of the UNFPA-supported programme, which would be carried out by various government bodies. They would be undertaken in a framework that would include a constant feedback system based on knowledge, attitude and practice (KAP) surveys of targeted groups. Training of the health staff of both the Government and NGOs in reproductive health issues and in issues concerning gender sensitivity would be an important part of the proposed programme's strategy. These concerns would also be introduced in other ministries and advocated with policy makers and parliamentarians at both the provincial and federal levels. UNFPA would help to revive Sri Lanka's chapter of the Asian Forum of Parliamentarians, and reproductive health issues would be promoted as a non-partisan issue among all the political parties. Advocacy would also be done to promote multi-bilateral donor support for reproductive health activities, especially at referral levels.

Programme implementation, monitoring and evaluation

22. The programme would be nationally implemented by the Government and NGOs in cooperation with UNFPA, with some private sector involvement in certain aspects. The UNFPA Representative will constantly monitor programme implementation. The National Coordinating Council on Population would monitor the implementation at the national level and District Coordinating Committees would do so at the sub-national level. The Ministry of Health would monitor the programme activities and the Ministry of External Resources would monitor the utilization of funds. Annual reviews, with the participation of the Government, NGOs and the country support team (CST), independent evaluations and standard progress reviews and monitoring field visits would take place. A mid-term review would be scheduled for 1999. The CST headquartered in Kathmandu, Nepal, would be used for technical backstopping.

23. In order to assess programme performance, baseline data will be established by supporting studies, surveys and research in such areas as voluntary abortions and its underlying causes, the incidence of reproductive tract infections, the consequences of the continuing high usage of traditional contraceptive methods and adolescent sexual behaviour. One study would aim at making health reporting forms more reflective of reproductive health concerns by seeing how such items as reproductive tract infections, subfertility, anaemia and breast cancer can be introduced into the reporting system. This would enable the country to establish baseline data on reproductive health and to incorporate these concerns into the health management information system.

24. The indicators that would be used to monitor the success of the UNFPA-supported programme in terms of reproductive health would be the number of well women's clinics that are assisted, the decrease in the number of abortions (targeted at half the current level), the increase in temporary methods (from 16.5 per cent to 19 per cent), the number of women screened for reproductive tract infections, the decrease in anaemia in pregnant women (targeted at a reduction from 60 per cent to 30 per cent), a decrease in the maternal mortality rate to 30 per 100,000, and improvements in the quality of care. The number of migrant women counseled, the number of programmes undertaken at work places, a decrease in levels of sexually exploited children and the improvement of male participation could be indicators of the effectiveness of advocacy efforts in support of reproductive health. Establishment of baseline data through surveys, studies and research would also be used in

developing such indicators. Another significant indicator would be the number of NGOs, especially from the grass-roots level, and private sector companies participating in programme activities. The complete integration of reproductive health services into the primary health care programme would be the ultimate test of success.

Recommendation

25. The Executive Director recommends that the Executive Board approve the proposed programme of Assistance for Sri Lanka, as outlined above, in the amount of $7.6 million, $5 million of which would be programmed from UNFPA's regular resources, to the extent such resources are available, and the balance of $2.6 million would be sought from multi-bilateral and/or regular resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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